

PROCEDURES FOR SUBMITTING A CLAIM UNDER THE
PERSONNEL CLAIMS ACT

AUTHORITY

The Personnel Claims Act (PCA), under 31 U.S. Code § 3721 and 32 Code of Federal Regulations §751 (both available for viewing in the research area of this site) provides the authority for payment for the loss, damage, or destruction of personal property of military personnel or civilian employees incident to their service. **This limited compensation is not a substitute for private insurance.** No claim may be paid unless it is presented in writing within 2 years of the incident giving rise to the claim.

FILING A CLAIM

To constitute a filing under the Personnel Claims Act, a claim should be presented in writing on DD Forms 1842 and 1844 within 2 years of the incident giving rise to the claim. Claimants submitting incomplete claims will be informed in writing that properly completed forms or the necessary supporting documentation must be received within a fixed period of time, otherwise the claim will be denied or paid only in the amount substantiated by the available information. The claimant is responsible for substantiating ownership or possession, the fact of loss or damage, and the value of the property. Damaged items should not be disposed of until the claimant receives a final written decision from the Government.

Completed claim forms and the supporting documentation of claimants attached to **Base** commands and **Base** tenant organizations may be submitted to the Claims and Investigations Section, Room 243B, Building 1160, or mailed to the following address:

AC/S, Staff Judge Advocate
Attn: Claims and Investigations
Box 555023
Camp Pendleton, CA 92055-5023

All other claimants, to include those attached to I MEF, 1st Marine Division, 1st FSSG and 3d MAW, may submit completed claim forms and the supporting documentation to the Legal Service Support Section, Building 22185, at (760) 725-8795 or mail it to the following address:

Legal Service Support Section
Attn: Claims and Investigations
Box 555606
Camp Pendleton, CA 92055-5606

REQUIRED DOCUMENTATION

To present a proper claim, the claimant **must** provide the following:

1. Complete DD Form 1842 with original signature. **If filing a claim on behalf of a military member, a power of attorney must be provided;**

Complete DD Form 1844;

3. Signed affidavit of private insurance;
4. Written report of the incident, if available (e.g., PMO, CID, NCIS reports);
5. Copy of claimant's insurance policy showing the deductible;

NOTE: All claimants who have ANY TYPE of private insurance covering the claimed loss or damage must submit a demand with their insurance company before filing a claim against the Government, unless the amount claimed is less than or equal to the deductible. In those cases where the claimant is not fully compensated by his insurance company, a claim against the Government may be filed. The claimant must submit a copy of the insurance claim and any insurance payment received.

6. Original cost of the item. The original purchase receipt is the preferred method of documentation; however, estimates from a business or price quotes from retail catalogs are acceptable alternatives if the original receipts are not available (see #8 below);
7. Date the claimant purchased or received the item; and,
8. Written estimates for the replacement cost or repair cost of the item, whichever applies.

(a) Instructions for obtaining repair estimates. When the repair cost of an item is being claimed, one (1) written repair estimate must be furnished to substantiate the amount claimed for repairs. This estimate must be obtained from a reputable business qualified to do the repair work. The estimate must be signed and dated by a representative from the business. If an estimate fee is charged, the claimant must pay the fee. If the fee is non-refundable, it must be stated on the estimate and the claimant can file for reimbursement on the estimate fee of the DD Form 1844. If an item is unrepairable, a qualified repairman must state the item is unrepairable and provide an explanation. This statement should appear on the business's letterhead, dated and signed. If an item is unrepairable, the claimant must obtain one (1) estimate of replacement cost. **Estimates must be legible.**

(b) Instructions for obtaining replacement cost estimates. When the replacement cost of an item is being claimed, one (1) written price quotation must be submitted to substantiate the amount claimed. All written price quotations must be signed and dated by a business representative, and include the name, address, and phone number of the business.

9. If a privately-owned vehicle is involved, the following must be provided:

- (a) Make and model of the vehicle and the original cost of the vehicle must be included on the DD Form 1844;
- (b) Copy of vehicle registration and vehicle title; and,
- (c) **Two** original estimates of repair or one itemized receipt of payment for completed repairs. The claimant must claim the **lower** of the two estimates.

CLAIM FOR LOSS OF OR DAMAGE TO PERSONAL PROPERTY INCIDENT TO SERVICE

PART I - TO BE COMPLETED BY CLAIMANT (See reverse side for Privacy Act Statement and Instructions.)

1. NAME OF CLAIMANT (Last, First, Middle Initial)		2. BRANCH OF SERVICE	3. RANK OR GRADE	4. SOCIAL SECURITY NUMBER	
5. HOME ADDRESS (Street, City, State and Zip Code)			6. CURRENT MILITARY DUTY ADDRESS (If applicable) (Street, City, State and Zip Code)		
7. HOME TELEPHONE NO. (Include area code)		8. DUTY TELEPHONE NO. (Include area code)		9. AMOUNT CLAIMED	
10. CIRCUMSTANCES OF LOSS OR DAMAGE (Explain in detail. Include date, place, and all relevant facts. Use additional sheets if necessary.)					
11. DID YOU HAVE PRIVATE INSURANCE COVERING YOUR PROPERTY? (E.g., say "Yes" on a shipment or quarters claim if you had transit, renter's or homeowner's insurance; say "Yes" on a vehicle claim if you had vehicle insurance. Attach a copy of your policy.)				YES	NO
12. HAVE YOU MADE A CLAIM AGAINST YOUR PRIVATE INSURER? (If "Yes," attach a copy of your correspondence. If you have insurance covering your loss, you must submit a demand before you submit a claim against the Government.)					
13. HAS A CARRIER OR WAREHOUSE FIRM INVOLVED PAID YOU OR REPAIRED ANY OF YOUR PROPERTY? (If "Yes," attach a copy of your correspondence with the carrier or warehouse firm.)					
14. DID ANY OF THE CLAIMED ITEMS BELONG TO THE GOVERNMENT OR TO SOMEONE OTHER THAN YOU OR YOUR FAMILY MEMBER? (If "Yes," indicate this on your "List of Property and Claims Analysis Chart," DD Form 1844.)					
15. WERE ANY OF THE CLAIMED ITEMS ACQUIRED OR HELD FOR SALE, OR ACQUIRED OR USED IN A PRIVATE PROFESSION OR BUSINESS? (If "Yes," indicate this on your "List of Property and Claims Analysis Chart," DD Form 1844.)					
16. UNDER PENALTY OF LAW, I DECLARE THE FOLLOWING AS PART OF SUBMITTING MY CLAIM: <p>If any missing items for which I am claiming are recovered, I will notify the office paying this claim. (For shipment claims.) Missing items were packed by the carrier; they were owned prior to shipment but not delivered at destination; after my property was packed, I/my agent checked all rooms in my dwelling to make sure nothing was left behind.</p> <p>I assign to the United States any right or interest I have against a carrier, insurer, or other person for the incident for which I am claiming; I authorize my insurance company to release information concerning my insurance coverage.</p> <p>I authorize the United States to withhold from my pay or accounts for any payments made to me by a carrier, insurer, or other person to the extent I am paid on this claim, and for any payment made on this claim in reliance on information which is determined to be incorrect or untrue. I have not made any other claim against the United States for the incident for which I am claiming. I understand that if any information I provide as part of my claim is false, I can be prosecuted.</p>					
17. SIGNATURE OF CLAIMANT (or designated agent)					18. DATE SIGNED (MMDDYY)

PART II - CLAIMS APPROVAL (To be completed by Claims Office)

19. PROCEDURE (X one)		20. AMOUNT AWARDED. The claim is cognizable and meritorious under 31 U.S.C. 3721; the claimant is a proper claimant; the property is reasonable and useful; the loss has been verified in accordance with applicable procedures as prescribed by the controlling departmental regulation; and the following award is substantiated:		\$
a. SMALL CLAIMS				
b. REGULAR CLAIMS				
21. SIGNATURES (Signatures at a and c not required if small claims procedure is utilized.)				
a. CLAIMS EXAMINER		b. DATE SIGNED (MMDDYY)	c. REVIEWING AUTHORITY	d. DATE SIGNED (MMDDYY)
e. TYPED NAME AND GRADE OF APPROVING AUTHORITY			f. SIGNATURE OF APPROVING AUTHORITY	g. DATE SIGNED (MMDDYY)

Privacy Act Statement

AUTHORITY: 31 U.S.C. 3721, and EO 9397, November 1943 (SSN).

PRINCIPAL PURPOSE: Filing, investigation, processing and settlement of claims for losses incident to service.

ROUTINE USES:

- a. Information is principally used to provide a legal basis for the administrative payment of claims against the Government. Information is also used in connection with:
 - (1) Recovery from common carriers, warehouse firms, insurers and other third parties.
 - (2) Collection from claimants of improper payments or overpayments.
 - (3) Investigation of possible fraudulent claims.
 - (4) Possible criminal prosecution by the Department of Justice or other agencies if fraud is established.
- b. Social Security Numbers are used to assure correct identification of claimants in order to assure payment to the proper claimant and avoid duplication of claims.

DISCLOSURE: Voluntary; however, failure to supply information will cause delay in settlement and may result in denial of a portion or all of the claim.

INSTRUCTIONS TO CLAIMANTS

1. You must submit your claim in writing within two years of the date of the incident giving rise to the claim. This two year time limitation may not be waived.

2. The claimant or an authorized agent must complete and sign Part I of this form, answering all questions. If the claim is signed by an agent (*such as a spouse*) or a survivor of a deceased proper claimant, that person must have a document showing his or her authority to present the claim, such as a power of attorney, etc.

3. If the claim is for property lost or damaged while being shipped or stored pursuant to travel orders, submit copies of your orders and all shipping documents, including your inventory and your "Joint Statement of Loss or Damage at Delivery/Notice of Loss or Damage," DD Forms 1840/1840R. If you notice damage after delivery, you must complete the DD Form 1840R and get it to the Claims Office within 70 days after delivery.

4. You may obtain further information from a Claims Office.

5. You are entitled to claim the following:

a. Reasonable local repair cost, if an item can be economically repaired. (*You may claim small amounts without an estimate. Otherwise, submit an estimate of repair from a repair firm or, if repairs have been completed, your receipt. The claims office may waive this in appropriate cases.*)

b. Reasonable local replacement cost if an item is missing, destroyed, or not economic to repair. (*Replacement costs may be obtained from commercial catalogs or a military exchange. If you cannot find the item in a catalog or the exchange and the cost is more than \$100.00, obtain a statement from a commercial firm for the cost of a similar item. If you have purchase receipts, bring these to the Claims Office as well.*)

c. Reasonable cost of obtaining local estimates of repair, if the cost of such estimates will not be credited if repair work is done. (*Normally, you may not claim appraisal fees.*)

PART III - DENIAL OR SUPPLEMENTAL PAYMENT *(To be completed by Claims Office)*

23. DENIAL (X if applicable)

The claim is not cognizable or meritorious under 31 U.S.C. 3721 and the applicable provisions of the controlling departmental regulation, and is denied.

24. SUPPLEMENTAL PAYMENT (X and complete if applicable)

The claim is cognizable and meritorious under 31 U.S.C. 3721, and the following additional award is substantiated:

\$

25. SIGNATURES

a. CLAIMS EXAMINER	b. DATE SIGNED (MMDDYY)	c. REVIEWING AUTHORITY	d. DATE SIGNED (MMDDYY)
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26. APPROVING / SETTLEMENT AUTHORITY (*Settlement Authority is required for denial.*)

a. TYPED NAME AND GRADE	b. SIGNATURE	c. DATE SIGNED (MMDDYY)
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LIST OF PROPERTY AND CLAIMS ANALYSIS CHART
ITEMS 14 THROUGH 31 TO BE FILLED OUT BY CLAIMS OFFICE

ITEMS 14 THROUGH 31 TO BE FILLED OUT BY CLAIMS OFFICE

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AFFIDAVIT - CERTIFICATION OF NON-AVAILABILITY OF PRIVATE INSURANCE

REQUIREMENT:

When Filing a claim against the United States under the provisions of the Military Personnel & Civilian Employees Claims Act (JAGINST 5890.1, Enclosure (5)) implementing Title 31, U.S. Code, Section 3729, the claimant MUST first file a claim with his own insurance company and attach a copy of same to his claim forms, if he has ANY TYPE of insurance, which insurance may cover all or part of the claimed loss or damage.

Insurance coverage includes automobile theft or comprehensive coverage, home owners insurance, household goods insurance, e.g. with U.S.A.A. or Armed Forces CO. OP. Insurance Company, personal effects coverage, or any other type of insurance which may cover all or part of your loss or damage.

IF YOU HAVE INSURANCE COVERAGE:

I have read and understand the above requirement. I have indicated on my claim against the United States (DD Form 1842) that I do have private insurance. My policy name and number are as follows:

Policy Name: _____

Signature: _____

Policy Number: _____

Date: _____

IF YOU DON'T HAVE INSURANCE COVERAGE:

I have read and understand the above requirement. I have indicated on my claim against the United States (DD Form 1842) that I do not have private insurance. With knowledge of the penalties of Title 18, U.S. Code, Section 287, for willfully making a false, fictitious or fraudulent claim, I hereby certify that I don't have any private insurance covering any or all of the loss or damage in my claim against the United States

Signature: _____

Date: _____